


Building Permit Application

Single Family Homes and Accessory Structures

	<p style="text-align: center;">Town of Monson 110 Main Street Monson, MA 01057 Tel 413-267-4111 Fax 413-267-4108 E-mail bjchurch@monson-ma.gov</p>
Building Permit Number:	Date Issued:
Signature _____ Building Commissioner	

Site Information

Property Address:	Assessors Map & Parcel Number:
Lot Area: Zoning District:	Frontage:

Building Setbacks (ft)

Front Property Line	Side Property Lines	Rear Property Line
Required RR=50' RV=40'	Required RR=20' RV=15'	Required RR=50' RV=40'

Property Ownership

Name:	Address: (If different from above)
Signature:	Telephone: Fax:

Construction Services

Licensed Construction Supervisor:	CSL License Number:	Expiration Date:
Address: _____	Telephone: _____	Fax: _____
Signature: _____	HIC License Number:	Expiration Date:
Homeowner Exemption: Signature: _____	I understand that if I engage a person for hire to do such work that I shall act as supervisor.	I understand that I will not be eligible to collect from the HIC guarantee fund

Description of Proposed Work

Estimated Construction Cost

Item	Estimated Cost	Town use only	Town use only
Building		Total Living Space	
Electrical		Basement, Garage, Storage, Decks	
Plumbing		Other @\$ /SF	
Mechanical (HVAC)		\$100/SF living, \$40/SF non-living	
Total		Permit Fee @ \$6/\$1000	

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Construction Debris:

In accordance with the provisions of MGL Chap 40 §54, a condition of a building permit is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL Chap 111, §150A.

Agent Authorization – To Be Completed when Contractor Applies for Building Permit

I _____, as owner of the subject property hereby authorize
(print name)
_____, to act on my behalf in all matters relative to work
(print name)
authorized by this building permit application.

Signature of Owner: _____

Date: _____

OR

Homeowner license exemption – To be completed when homeowner applies for permit

DEFINITION OF A HOMEOWNER: Person who owns a parcel of land on which he/she resides or intends to reside, on which there is, or intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures.

I, _____ verify that I qualify as a homeowner as defined above, and wish to apply for a building permit in my own name. I will take full responsibility for all duties of the general contractor, including, but not limited to arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code and the Town of Monson Zoning Bylaw. I shall further be responsible for all subcontractors working on the job, and that I shall have no access to the Guarantee Fund established by the Home Improvement Contractor Registration Program.

Signature: _____

Date: _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

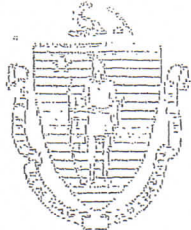
Declaration of Accuracy – To be Completed by Individual Applying for Permit

I _____, as Owner/Agent hereby declare that the statements and
(print name)
information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury

Date: _____

NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Town of Monson
Building Department
New Construction
Application Cover Sheet

Date: _____

Owner: _____

Current Address: _____

Phone: _____

Building Lot Location:

Lot# _____ House # _____ Street _____

Assessors' Map # _____ Assessors' Lot # _____

1. Zoning Department: _____

2. Conservation Commission: _____

3. Board of Health: _____

Water test date: _____ Septic system permit # _____

4. Water & Sewer Department: _____

5. Highway Department: _____

6. Fire Department: _____

7. Town Collector's Office: _____

Building Permit Project Evaluations for Additions and Renovations

Date _____

Owners: Name _____ Tel _____
Address _____

Contractor: Name _____ Tel _____
Address _____ Fax _____

Project
Description _____

Existing number of rooms _____ Existing number of bedrooms _____
Number of rooms added _____ Number of bedrooms added _____
Distance to any stream _____ Distance to wetland _____

A neatly, drawn to scale, plot plan must be submitted with this request showing:

- _____ Existing structure footprint and distance to property lines.
- _____ Proposed structure footprint.
- _____ Location of septic tank and leaching area.
- _____ Location of septic system reserve area.
- _____ Type of foundation for addition.
 - _____ Full Basement _____ Crawl space _____ Slab _____ Piers
- _____ Setback of addition to septic tank, and leaching area.
- _____ Provide a copy of the septic system design or the latest Title V inspection report.

Place stakes on the site to mark out the area of the proposed addition, if applicable.

Board of Health Action

Date _____ Approval _____ Disapproval _____

Comments or

Conditions: _____

By _____
Health Agent

Conservation Commission Action

Date _____ Approval _____ Disapproval _____

Comments or

Conditions _____

By _____
Commission Member

TOWN OF MONSON
ASSESSORS' DEPARTMENT



CONSENT FOR FINAL INSPECTION OF PROPERTY

Please read and check for authorization

I, _____, as the owner and being over the age of 18, of the real property located at _____, Monson, Massachusetts, hereby acknowledge that I have read and understand the following:

The Town of Monson Assessor's Office, in an attempt to reduce the number of times that inspections will be made to my property will perform an Assessment of my property at the same time as other Town Code Enforcement Agents. By consenting to the inspection, at this time, the Assessor will not have to schedule a separate visit.

I understand that the inspection requires visual inspection of both the interior and exterior of my property for purposes of collecting accurate data for assessment. I also understand there will be an exterior picture taken of the front of my property for the Town's database.

- ☐ **I hereby consent to entry** and final inspection of property by the Principal Assessor.
- ☐ **I hereby DO NOT consent** to entry and final inspection of property by the Principal Assessor.

By signing below, I represent and warrant that I have had an opportunity to review this Consent Form and that I am executing it as my free act and deed.

Print Name

Signature